Registration of Aboveground Petroleum Storage Facility

New Hampshire Department of Environmental Services 29 Hazen Drive, P.O. Box 95 Concord, New Hampshire 03302-0095 (603) 271-3644

	TVPF	OF NO	OTIFICATION			STATE USE ONLY
	New Facility		Amended		Existing	AST FACILITY NO.:
	·			_	•	
	Permanent Closure	Ш	Remove from Service	Ш	Reactivate	DATE RECEIVED: Date entered to Computer:
	Closule		Service			Data Entry Clerk Initials:
						Owner was contacted to
						Clarify:
						Responses, comment:
					INSTRUCTI	TIONS
be comp	oleted for each locat	ion co	ntaining abovegr	ound	storage tanks (eption is the signature block in Section VII. This form must (ASTs). If more than four ASTs are located at a facility ST facility, as separate form must be completed for each
I.	OWNERSHIP O	F TAN	NK(S)		II. LO	OCATION OF TANK(S)
Owner N	Name:				Facility Na	ame:
Street A	Address:				Street Addr	dress (DO NOT USE POST OFFICE BOX):
City:	Stat	e:	Zip Code:		City:	State: Zip Code:
	Jumber (include area	a code		_	County:	
III.	INTENDEDUS	E			IV. M	MAPPING INFORMATION
	On-premise use				-	please provide:
	Distribution				-	graphic Location of the tanks by degree, minutes and seconds:
						Lat. 42.36.12 N Long
					.95.24.17 W	
					Latitude:	Longitude:
					Tax Map #	#: Lot #:
					V. TYPE OF FA	ACILITY
	Gas Station				Local Govern	
	Petroleum Distril	outor			State Govern	nment Trucking/Transportation
	Air Taxi				Federal-Non-	·
	Aircraft Owner				Federal-Milita	<u> </u>
l H	Auto Dealership			Ц	Commercial	Other (Explain)
	Railroad		VII. CONT		Industrial	CHAPGE OF TANKS
Name:			VI. CON	IACI	PERSON IN C	CHARGE OF TANKS
Job Title						
Address						
	Jumber (Include Are	a Cod	e):			
			_			
				,	VII. CERTIFIC	CATION
I certify	under penalty of lav	w that	I have personally	exan	nined and am fa	familiar with the information submitted in this and all attached
docume	nts, and that based o	on my	inquiry of those	indivi	duals immedia	ately responsible for obtaining the information, I believe that
the subn	nitted information is	s true,				
accurate	e, and complete.					
_				_	~.	
	Name and Title of				Signatu	ure Date Signed
or ow	vner's authorized re (print)	presen	tative			

VIII. DESCRIPTION OF ABOVEGROUND STO	RAGE TAN	NKS (Comple	te for each tai	nk at this location)
Tank Identification Number	Tank No.	Tank No.	Tank No.	Tank No.
Status of Tank (mark only one)			 	
Currently in Use				
Temporarily Out of Use		1		1片
Permanently Out of Use		1 🖯		1 🛱
Amendment to Information			1	
2. Date of Installation/Age of Tanks				
3. Estimate Total Capacity (gallons)				
4. Tank Material (mark all that apply)		1_		
Shop-fabricated Asphalt Coated or Bare Steel (UL 142)		1 📙		
Field-Fabricated Asphalt Coated or Bare Steel (API 650)		1 📙	14	
Fire Resistant Tank (UL 2085)		1 🖳	14	
Cathodically Protected Steel				
Lined Interior				
Double Walled				
Integrated Secondary Containment (e.g. "tank-in-a-box"/"dike				
tank")		1	1_	<u> </u>
Unknown				
Concrete				
Oil Filled Electrical Equipment				
Other, Please Specify				
Was Tank Repaired? Date				
5. Piping Material (mark all that apply)				
Bare Steel				
Galvanized Steel		15	16	
Fiberglass Reinforced Plastic		1片	18	1 🗎
Cathodically Protected Steel		1片	1 =	1
Double Walled		1片	1 🗏	
		1	1	
Copper Secondary Containment	 	1片	1	1片
Secondary Containment		1	1	
Unknown		1 📙	1	
Other, Please Specify		1 📙		1
Was Piping Repaired? Date				<u> </u>
6. Piping Type (mark all that apply)				
Above Ground		1 🖳		
Below Ground		1 🖳	1 🖳	
Suction				
Pressure				
7. Substance Currently or Last Stored		<u> </u>	1	<u> </u>
Gasoline				
Diesel				
Gasohol				
Kerosene		1 🗂		
Heating Oil (specify #2, #6)				
Aviation Gas	ΙĦ	1		1
Jet Fuel			1 1 1	
Asphalt	lΗ	1 🗂		11
Asphalt Motor Oil	H	1 🖂		
		1		1
Used Oil	🏻			
Other, Please Specify				

8. Proximity of AST(s) to the Surface of the Ground				
a. Does any portion of the AST(s) (excluding the				
cradle) rest on the surface of the ground? (yes or no)				
b. What percentage of the AST's capacity is located				
above the ground? (if the tank is located				
in a concrete vault, it is considered to be	%	%	%	%
aboveground.)				
IX. TANKS PERMANENTLY	OUT OF U	SE/DISMA	NTLED	
Tank Identification Number	Tank No.	Tank No.	Tank No.	Tank No.
1. Tank Permanently out-of-use				
A. Estimate date last used				
(month/day/year)				
B. Estimate date tank emptied of product				
(month/day/year)				
C. Current Status of Tank				
(existing in-place, dismantled, etc.)				
2. Has Site Assessment Been Completed?				
Date of assessment		Yes \square	No 🗌	
			NO L	
(month/day/year)				
Evidence of a leak detected?		Yes	No 🗌	
X. CERTIFICATION	OF COM	PLIANCE		
Is a current Spill Prevention Control and				
Counter measure				
(SPCC) (40 CFR 112) Plan in effect Yes No				
at the facility?*				
Date of SPCC				
Plan:				
(month/day/year)				
2. Is the aboveground bulk storage				
facility in compliance with the New				
Hampshire State Fire Code:				
- NFPA 30, "Flammable and Yes No				
Combustible Liquids Code*?				
- NFPA 30A, "Automobile and				
Marine Service Station Code**?				
(applies to retail and fleet service Yes No				
stations and marinas only)				
XI. OTHER RE	GISTRATI	ONS		
Is there a Underground Storage Tank (UST) Yes No				
Facility at this location?				
If possible, please provide UST				
facility Identification Number:				
*Aboveground Petroleum Storage Tank (AST) Facility - Me		•		
a system of tanks, pumps and appurtenant structures, single of				
storage and distribution of fuel oil (heating oils #2-6), motor fuels (gasoline, diesel), aviation gas, jet fuel and used oil,				
and having a capacity totaling 1,320 gallons or more, or a single tank capacity of 660 gallons or more.				
ASTs with a combined storage capacity of 10,000 gallons or	less, containi	ng heating oil	used only fo	or on-premise
heating of structures are not required to be registered.				
**Adopted by reference in State Fire Code (N.H. Admin. Rules Saf-C 6000)				

TITL CONFIDENCE (1111 11 0 11 11 11 11 11 11 11 11 11 11				
XII. COMMENTS: (additional information continued from previous pages)				
VIII CITE AND EACH ITY I AVOUT (May be ecoung to be add about the state by				
XIII. SITE AND FACILITY LAYOUT (May be accurate hand sketch)				